



## DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT <b>CLOSING OF SERVICE EPISODES</b>	POLICY NO. <b>104.5</b>	EFFECTIVE DATE <b>05/01/91</b>	PAGE  <b>1 of 3</b>
APPROVED BY: <b>Original signed by: ROBERTO QUIROZ</b>  Director	SUPERSEDES <b>104.5 10/01/89</b>	ORIGINAL ISSUE DATE <b>01/25/89</b>	DISTRIBUTION LEVEL(S) <b>1, 3</b>

### PURPOSE

- 1.1 To amend policy to delineate more specific Management Information System (MIS) and clinic procedures and responsibilities in the Closing of Service Episodes.
- 1.2 To establish uniform standards for Department of Mental Health (DMH) directly operated and contract providers for the timely closure of outpatient, day care, and case management episodes.

### POLICY

- 2.1 Each primary therapist/case manager is directly responsible for reviewing and closing episodes in accordance with this policy.
- 2.2 Supervisors and managers are responsible for the compliance of primary therapists/case managers under their direction.
- 2.3 The clinical records of patients who have not received services within sixty (60) days shall be reviewed to determine if additional services are necessary. If not, the patient should be discharged. Discharge includes:
  - 2.3.1 Completing and filing in the clinical chart a discharge summary (note: County-operated programs must use the Department's "Discharge Summary" form; contract programs may use the Department form or one of their own design, and
  - 2.3.2 Closing the episode in the MIS.
- 2.4 Patients who have not received services within ninety (90) days must be discharged by completing, at a minimum, the above two procedures.
- 2.5 The discharge date shall be the most recent of 1) the last contact date or 2) the last cancelled/missed appointment date.



## DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT: <b>CLOSING OF SERVICE EPISODES</b>	POLICY NO. <b>104.5</b>	EFFECTIVE DATE <b>05/01/91</b>	PAGE <b>2 of 3</b>
--	----------------------------	--------------------------------------	-----------------------

### **PROCEDURE**

#### **3.1 Management Information System Procedures**

- 3.1.1 The MIS will, on a monthly basis, distribute a report of episodes remaining open in outpatient, day care, and case management programs without service activity for 60, 90, and 120 days (the 653A).
- 3.1.2 At the end of each fiscal year the MIS will distribute a report to providers showing open episodes with no units of service or units of time. Providers are requested to take appropriate corrective action. If no action is taken and episodes remain in the system with no units of service or units of time, the MIS will delete from the patient file all of these episodes. If this is the only episode for the patient, the patient's name will also be deleted from the system.
- 3.1.3 The system will not allow units of service to be added to episodes in which no services have been reported for 120 days or more. The system will require that that open episode be closed in accord with the criteria in Section 2.5 of this policy and a new episode opened.

#### **3.2 Clinic Procedures**

- 3.2.1 Each Reporting Unit manager/supervisor must ensure on a monthly basis that each therapist/case manager in the Reporting Unit is informed of his/her episodes requiring a review (60 days) or closure (90 days or more) based on the 653A. Episodes of therapists/case managers no longer working in the Reporting Unit are to be assigned to present staff for follow-up within the parameters of this policy.
- 3.2.2 Each therapist must review his/her episodes on these reports. If it is decided to keep the episode open, the therapist/case manager must explain the reason in a signed and dated note in the clinical record. Minimum procedures for closing an episode are noted in Section 2.3 above. The therapist/case manager should then mark the 653A report with either: 1) "close" and the closing date or 2) "open" and the date of the note documenting the unusual circumstances for the episode remaining open. This information then goes to the Reporting Unit manager/supervisor.
- 3.2.3 Subsequent monthly reports are checked by reporting unit supervisors/managers to ensure therapist's recommended action has actually occurred. MIS should be consulted if episodes for which appropriate action has been taken continue to appear on this report.



## DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT: <b>CLOSING OF SERVICE EPISODES</b>	POLICY NO. <b>104.5</b>	EFFECTIVE DATE <b>05/01/91</b>	PAGE <b>3 of 3</b>
--	----------------------------	--------------------------------------	-----------------------

### **AUTHORITY**

State DMH Program Review Manual, 1985, Component 2, Section C, Principle 2, Rating Criteria J and K; Section D, Principle 2, Rating Criteria J and K